



RESIDENTIAL POOL PERMIT WORK SHEET  
(PLEASE FILL OUT FORM CORRECTLY AND COMPLETELY)

1. Business License Number \_\_\_\_\_
2. Cobb Number \_\_\_\_\_
3. Complete Job Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Land District \_\_\_\_\_ Land Lot \_\_\_\_\_
5. Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_
6. Is house on sewer \_\_\_\_\_ or septic tank \_\_\_\_\_
7. Dimensions of Pool \_\_\_\_\_ (16 X 30) \_\_\_\_\_
8. Type Pool \_\_\_\_\_ (Gunite-Vinyl Etc) \_\_\_\_\_
9. Owners Full Name \_\_\_\_\_
10. Owners Address \_\_\_\_\_  
\_\_\_\_\_
11. Owners Phone Number \_\_\_\_\_
12. Cost of Pool \_\_\_\_\_
13. Contractor's Name \_\_\_\_\_
14. Contractor's Address \_\_\_\_\_  
\_\_\_\_\_
15. Contractor's Phone Number \_\_\_\_\_

\*\*\*\*\*REQUIREMENTS PRIOR TO ISSUING OF PERMIT \*\*\*\*\*

1. **HEALTH DEPT. REQUIRED PRIOR TO SITE DRAINAGE APPROVAL. (IF ON SEPTIC)  
PHONE NUMBER (770) 435-7815**
2. **ZONING APPROVAL (770) 528-2004 OR (770) 528-2005**
3. **SITE DRAINAGE APPROVAL (770) 528-2131**

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APPLICANT'S SIGNATURE